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NOV 19 2004

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32425 7590 08/16/2004

FULBRIGHT & JAWORSKI L.L.P.
600 CONGRESS AVE.
SUITE 2400
AUSTIN, TX 78701

11/22/2004 MAHMED2 00000046 10617277

01 FC:2501 685.00 OP
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Michael C. Barrett

(Depositor's name)

Michael C. Barrett

(Signature)

November 16, 2004

(Date)

| | | | | |
|-----------------|-------------|----------------------|---------------------|------------------|
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|

10/617,277 07/10/2003

Donald E. Barrick

CODA:005US

2452

TITLE OF INVENTION: CIRCULAR SUPERDIRECTIVE RECEIVE ANTENNA ARRAYS

7685

7985

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-----------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional | YES | -\$665- | \$300 | -\$965- | 11/16/2004 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | |
| PHAN, DAO LINDA | | 3662 | 342-372000 | | |

| | | |
|---|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1 Fulbright & Jaworski LLP 2 _____ 3 _____ |
|---|---|---|

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Cedar Ocean Sensors, Ltd.

Los Altos, CA (U.S.A.)

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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 Advance Order - # of Copies _____

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1212 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

/CODA:005US/MCB if the check is

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(Authorized Signature) **Michael C. Barrett** (Date)

Michael C. Barrett (Reg. No. 44,523)

November 16, 2004

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